

Contact Information Form

This form should be completed at the beginning of the service-learning placement. All parties should retain a copy of this information to facilitate ongoing communication.

Student Information

Name of Student: _____
(Semester) (Year)

Phone: _____ Email: _____

Service-Learning Course: _____

Emergency Contact (Person & Phone #): _____

Faculty Information

Name of Faculty Member: _____

Phone: _____ Email: _____

Agency Information

Name of Agency: _____

Agency Address: _____

Supervisor Name & Title: _____

Phone: _____ Email: _____

Fax: _____ Web Site Address: _____